

## CLAIMS

AS FILED	AFTER 1. AMENDMENT		AFTER 2. AMENDMENT	
	I.NO.	O.E.P.	I.NO.	O.E.P.
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TOTAL I.NO.				
TOTAL O.E.P.				
TOTAL P.P.				

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Vonda E. Walker  
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/554419

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3					
TOTAL DEP.	/	/	/	/	/	/
TOTAL CLAIMS	14					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						